

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Democratic Congressional Campaign Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Google, Inc. Dept. 33654</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2014		
Mailing Address PO Box 39000			Amount 780.00		
City San Francisco	State CA	Zip Code 94139	Transaction ID : SE-916939		
Purpose of Expenditure Media Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2014		
Name of Federal Candidate David W. Jolly			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought 579462.91			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special General		

Full Name of Payee <b>Facebook, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 03 / 2014		
Mailing Address 15161 Collections Center Drive			Amount 4000.00		
City Chicago	State IL	Zip Code 60693	Transaction ID : SE-916940		
Purpose of Expenditure Media Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 03 / 2014		
Name of Federal Candidate David W. Jolly			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought 579462.91			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special General		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4780.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kelly C. Ward

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 05 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Democratic Congressional Campaign Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Great American Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 04 / 2014</b>	
Mailing Address <b>1010 Wisconsin Ave., NW Suite 800</b>		Amount <b>306578.30</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007</b>	Transaction ID : <b>SE-916920</b> Date of Disbursement or Obligation MM / DD / YYYY <b>01 / 31 / 2014</b>
Purpose of Expenditure <b>Media Buy</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>David W. Jolly</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>886041.21</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special General</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>306578.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>311358.30</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kelly C. Ward

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Date

MM / DD / YYYY  
**02 / 05 / 2014**

Signature